

**IN THE BANKRUPTCY COURT OF THE UNITED STATES
FOR THE WESTERN DISTRICT OF VA**LYNCHBURG**

**IN THE MATTER OF: DEAN, MICHAEL
SSN: ###-##-6445**

**BANKRUPTCY CASE NO. 0860031
POC AMOUNT: \$27,825.08**

**NOTICE OF ASSIGNMENT OF CLAIM
AND
TRANSFeree NOTICE OF TRANSFER
OF PAYMENTS**

Educational Credit Management Corporation (ECMC), the "Transferee", does hereby give notice to the Court that it has accepted assignment and transfer of the student loan(s) included in the claim for the above-referenced debtor from the CALIFORNIA STUDENT AID COMMISSION.

Please direct all future payments and correspondence as follows:

Correspondence:

ECMC
7325 Beaufont Springs
Suite 200
Richmond, VA 23225

Payments:

ECMC
Lockbox 8682
P.O. Box 75848
St. Paul, MN 55175-0848

Pursuant to the attached Assignment from CALIFORNIA STUDENT AID COMMISSION, the Transferor, notification and hearing has been waived with respect to this Notice of Assignment of Claim to ECMC pursuant to Bankruptcy Rule 3001.

EDUCATIONAL CREDIT MANAGEMENT CORPORATION

By: /s/ Her, Zer
ECMC Representative

3/26/2008
Date

B 10 (Official Form 10) (12/07)

United States Bankruptcy Court WESTERN District of VIRGINIA		PROOF OF CLAIM
Name of Debtor: MICHAEL C. DEAN		Case Number: 08-60031
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.		
Name of Creditor (The person or other entity to whom the debtor owes money or property): Citibank N.A. as trustee for The Student Loan Corporation		<input type="checkbox"/> Check this box to indicate that this claim amends a previously filed claim.
Name and address where notices should be sent: California Student Aid Commission Accounts Receivable P.O. Box 419041 Rancho Cordova, CA 95741-9041 Telephone No. (916) 526-7363		Court Claim Number: (If known) Filed on:
Name and address where payment should be sent (if different than above): Telephone No.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$3,500.00 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental property or services for personal, family, or household use 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §507 (a) Amount entitled to priority: *Amounts are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: Student Loan (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 6445 In20 3.a Debtor may have scheduled account as: (See instruction #3 on reverse side.)		
4. Secured Claim (See instruction #3 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, If any: Basis for perfection: Amount of Secured Claim: Amount Unsecured:		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim.		
7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 02/05/2008	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="text-align: center;"> 701 E 60TH ST N, MC 2135 SIOUX FALLS, SD 57117-6095 (605) 731-3002 </div>	FOR COURT USE ONLY

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

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Name and address where payment should be sent (if different than above): Telephone No.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$4,361.67 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental property or services for personal, family, or household use 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §507 (a)
2. Basis for Claim: Student Loan (See instruction #2 on reverse side.)		Amount entitled to priority: *Amounts are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
3. Last four digits of any number by which creditor identifies debtor: 6445 ln21 3.a Debtor may have scheduled account as: (See instruction #3 on reverse side.)		
4. Secured Claim (See instruction #3 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, If any: Basis for perfection: Amount of Secured Claim: Amount Unsecured:		
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Date: 02/05/2008	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. <div style="display: flex; justify-content: space-between;"> <div> /s/ Christena Dagal </div> <div> 701 E 60TH ST N, MC 2135 SIOUX FALLS, SD 57117-6095 (605) 731-3002 </div> </div>	
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1. Amount of Claim as of Date Case Filed: \$3,724.61 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental property or services for personal, family, or household use 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §507 (a)
2. Basis for Claim: Student Loan (See instruction #2 on reverse side.)		Amount entitled to priority:
3. Last four digits of any number by which creditor identifies debtor: 6445 In24 3.a Debtor may have scheduled account as: (See instruction #3 on reverse side.)		
4. Secured Claim (See instruction #3 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, If any: Basis for perfection: Amount of Secured Claim: Amount Unsecured:		
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7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
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Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any. /s/ Christena Dagel 701 E 60TH ST N, MC 2135 SIOUX FALLS, SD 57117-6095 (605) 731-3002		FOR COURT USE ONLY

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1. Amount of Claim as of Date Case Filed: \$1,588.68 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental property or services for personal, family, or household use 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §507 (a) Amount entitled to priority: *Amounts are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
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1. Amount of Claim as of Date Case Filed: \$4,028.00 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental property or services for personal, family, or household use 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §507 (a) Amount entitled to priority: *Amounts are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: Student Loan (See instruction #2 on reverse side.)		
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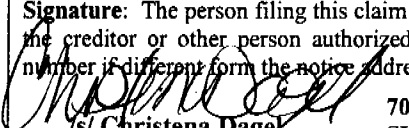
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1. Amount of Claim as of Date Case Filed: \$5,122.12 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental property or services for personal, family, or household use 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §507 (a)
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Name and address where notices should be sent: California Student Aid Commission Accounts Receivable P.O. Box 419041 Rancho Cordova, CA 95741-9041 Telephone No. (916) 526-7363		Court Claim Number: (If known) Filed on:
Name and address where payment should be sent (if different than above): Telephone No.		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof claim relating to your claim. Attach copy of statement giving particulars. <input type="checkbox"/> Check this box if you are the debtor or trustee in this case.
1. Amount of Claim as of Date Case Filed: \$5,500.00 If all or part of your claim is secured, complete item 4 below; however, if all of your claim is unsecured, do not complete item 4. If all or part of your claim is entitled to priority, complete item 5. <input type="checkbox"/> Check this box if claim includes interest or other charges in addition to the principal amount of claim. Attach itemized statement of interest or charges.		5. Amount of Claim Entitled to Priority under 11 U.S.C. §507(a). If any portion of your claim falls in one of the following categories, check the box and state the amount. Specify the priority of the claim. <input type="checkbox"/> Domestic support obligations under 11 U.S.C. §507 (a)(1)(A) or (a)(1)(B). <input type="checkbox"/> Wages, salaries, or commissions (up to \$10,950) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. §507 (a)(4) <input type="checkbox"/> Contributions to an employee benefit plan - 11 U.S.C. § 507 (a)(5) <input type="checkbox"/> Up to \$2,425* of deposits toward purchase, lease or rental property or services for personal, family, or household use 11 U.S.C. § (a)(7) <input type="checkbox"/> Taxes or penalties owed to governmental units - 11 U.S.C. §507 (a)(8) <input type="checkbox"/> Other-Specify applicable paragraph of 11 U.S.C. §507 (a) Amount entitled to priority: *Amounts are subject to adjustments on 4/1/10 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.
2. Basis for Claim: Student Loan (See instruction #2 on reverse side.)		
3. Last four digits of any number by which creditor identifies debtor: 6445 ln23 3.a Debtor may have scheduled account as: (See instruction #3 on reverse side.)		
4. Secured Claim (See instruction #3 on reverse side.) Check the appropriate box if your claim is secured by a lien on property or a right of setoff and provide the requested information. Nature of property or right of setoff: <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other Describe: Value of Property: Annual Interest Rate: % Amount of arrearage and other charges as of time case filed included in secured claim, If any: Basis for perfection: Amount of Secured Claim: Amount Unsecured:		
6. Credits: The amount of all payments on this claim has been credited for the purpose of making this proof of claim. 7. Documents: Attach redacted copies of any documents that support the claim, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, judgments, mortgages, and security agreements. You may also attach a summary. Attach redacted copies of documents providing evidence of perfection of a security interest. You may also attach a summary. (See definition of "redacted" on reverse side.) DO NOT SEND ORIGINAL DOCUMENTS. ATTACHED DOCUMENTS MAY BE DESTROYED AFTER SCANNING. If the documents are not available, please explain:		
Date: 02/05/2008	Signature: The person filing this claim must sign it. Sign and print name and title, if any, of the creditor or other person authorized to file this claim and state address and telephone number if different from the notice address above. Attach copy of power of attorney, if any.  701 E 60TH ST N, MC 2135 SIOUX FALLS, SD 57117-6095 (605) 731-3002	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571.

FOR COURT USE ONLY	
FILED ROANOKE, VA U.S. BANKRUPTCY COURT	
MAR - 5 2008	
BY  DEPUTY CLERK	



March 3, 2008

Educational Credit Management Corporation
Staff Attorney
101 East 5th Street, Suite 2400
St Paul, Minnesota 55101

Re Bankruptcy Claims

Dear Mr Lentsch,

Enclosed is the Bankruptcy Transfer Output Report for the 2/29/08 cycle of borrowers who have filed a Chapter 13 bankruptcy proceeding and have been transferred to your department from EDFUND. If you have any questions, please call me at 916 526 8265

Sincerely,

A handwritten signature in black ink, appearing to read "Linda Abraham", with a long horizontal flourish extending to the right.

Linda Abraham
Financial Aid Specialist II
Claims Adjudication Unit